

Case Number:	CM14-0202575		
Date Assigned:	12/15/2014	Date of Injury:	02/13/2014
Decision Date:	02/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 28-year-old woman with a date of injury of February 13, 2014. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical radiculitis with bilateral C5 and C6 encroachment; right shoulder tendinopathy; and right lateral epicondylitis. Pursuant to the progress note dated September 23, 2014, the IW complains of persistent neck and right shoulder discomfort and stiffness. Objectively, review of systems is negative. The IW denies GI symptoms. The IW has mild persistent tenderness involving the lateral aspect of the shoulder with decreased tenderness about the subdeltoid bursa. No suggestion of shoulder instability is noted. The provider reports the IW had an "insidious onset" of both right shoulder and neck discomfort. She has numbness and tingling extending into the extremities. She has been provided with conservative treatment. The IW received benefit from injections to the right shoulder, which continues to last. She has had past therapy that has also been beneficial. Current medications include Voltaren 100mg, Protonix 20mg, and Ultram ER 150mg. The treating physician reports, "the Protonix is given for the patient's prior history of non-tolerance to NSAID medication with history of gastritis and to prevent gastric ulceration given the need for NSAID medication". There is no documentation in the medical record regarding prior NSAID intolerance, or history of gastritis. The IW denies past medical history, including any GI symptoms. The IW has been taking Voltaren, Ultram and Protonix since July of 2014, according to progress note with the same date. It is unclear if these were refills or new prescriptions. There was no evidence of objective functional improvement associated with the use of the aforementioned medications. The current request is for Voltaren 100mg #30, Protonix 20mg #60, and Ultram ER 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for Voltaren 100mg, one tablet daily, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren) Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Voltaren

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective request Voltaren 100 mg one tablet daily #30 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In this case, the injured worker's working diagnoses are cervical radiculitis with bilateral C5 and C6 encroachment; right shoulder tendinopathy; and right lateral epicondylitis. The documentation indicates the injured worker was taking Voltaren is for back as July 29, 2014. The documentation is unclear as to whether this was a refill or start date. The documentation does not contain any entries regarding objective functional improvement with ongoing nonsteroidal anti-inflammatory drug use. The latest progress note is that in September 23, 2014. Consequently, absent clinical information in the medical record to make an informed decision with the most recent progress note September 23, 2014 and absent clinical information evidencing objective functional improvement, retrospective request Voltaren 100 mg one tablet daily #30 is not medically necessary.

1 retrospective request for Protonix 20mg, one tab twice a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID and GI Effects.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix 20 mg one tablet twice a day #60 is not medically necessary. Protonix is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. Risk factors include, but are not limited to, age greater than 65 years; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; and high dose or multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are cervical radiculitis with bilateral C5 and C6 encroachment; right shoulder tendinopathy; and right lateral epicondylitis. There are two progress notes in the medical record one dated July 29, 2014 and a second September 23, 2014. In the September 23, 2014 progress note, under the Plan #1, the treating physician entered "the patient has a prior history of non-tolerance to nonsteroidal anti-inflammatory drug medication with a history of gastritis". The past medical history, however, in

the body of the medical record makes no mention of peptic ulcer disease or gastritis. There is no further documentation after the September 23, 2014 progress note. The documentation is unclear based on the past medical history entered in the medical record indicating whether the injured worker suffers with peptic ulcer disease or gastritis. Consequently, absent firm clinical documentation indicating gastritis or peptic ulcer disease, Protonix 20mg one tablet twice a day #60 is not medically necessary.

1 retrospective request for Ultram ER, 150mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram ER 150 mg #60 was not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing over the years. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function, or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical radiculitis with bilateral C5 and C6 encroachment; right shoulder tendinopathy; and right lateral epicondylitis. There are two progress notes in the medical record one dated July 29, 2014 and a second September 23, 2014. The documentation indicates Ultram was started in July 2014 noted in a progress note July 29, 2014. There was an additional progress note on September 23, 2014 that did not contain any evidence of objective functional improvement for pain assessment. There were no other pain assessment, risk assessments or evidence of objective functional improvement noted in the medical record. Consequently, absent clinical information evidencing objective functional improvement with continued opiate use and pain and risk assessments, Ultram 150 mg #60 was not medically necessary.